Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Blakeslee for Senate 2010		Date of This Filing08/04/2010	Date Stamp	CALIFORNIA 497		
AREA CODE/PHONE NUMBER () -				For Official Use Only		
STREET ADDRESS		Amendment to Report No.	Page 1 of 3			
CITY San Luis Obispo	STATE ZIP CODE CA 93401	(explain below) No. of Pages3				

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/03/2010	Katherine Alden Menlo Park, CA 94025	IND COM OTH PTY SCC	Chairman Woodside Hotels & Resorts	\$1,000.00
08/03/2010	California Citrus Mutual PAC Exeter, CA 93221 ID# 830341	☐ IND ■ COM □ OTH □ PTY □ SCC		\$1,000.00
08/03/2010	Ken Hunter Santa Ynez, CA 93460	IND COM OTH PTY SCC	President Vaquero Energy	\$3,900.00

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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LATE CONTRIBUTION REPORT

NAME OF FILER Blakeslee for Senate 2010			Date of This Filing	08/04/2010	Date Stamp	CALIFORNIA 497			
AREA CODE/PHONE NUMBER () -		I.D. NUMBER (if applicable) 1327078		Report No.	2010-66		For Official Use On		
STREET ADDRESS			Amendment to Report No.		Page 2 of 3				
CITY STATE ZIP CODE CA 93401			(explain below) No. of Pages	3					
Late Contrib	ution(s) Received			•		•			
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBU			JTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			AMOUNT RECEIVED
08/03/2010	Mark Wyland for Senate 20 Encinitas, CA 92024	10			☐ IND ■ COM □ OTH □ PTY □ SCC			\$1,000.0	0

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□ PTY
□ SCC

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STREET ADDRESS				Amendment to Report No.		Page 3 of 3				
CITY San Luis Obispo		STATE ZIP CODE CA 93401		(explain below) No. of Pages	3					
Late Contrib	ution(s) Made									
DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CANDIDA MEASURE A	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION		AMOUNT OF CONTRIBUTION		DATE OF ELECTION (IF APPLICABLE)	

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC